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APPLICANTS

Eric Thomas McAdams, Whitehead, IRELAND;

**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *******

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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance			
Verified and Acknowledged	/RENEE A DANEGA/ Examiner's Signature	Initials	IRELAND	5	30

ADDRESS

MORRISON & FOERSTER LLP
 425 MARKET STREET
 SAN FRANCISCO, CA 94105-2482
 UNITED STATES

TITLE

Wound mapping system

FILING FEE RECEIVED 1400	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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